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MENTAL HEALTH

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Editorial

Social Workers in Contact

Social work is still a somewhat ambiguous term, and social workers even more so. It is not always agreed what or who is included under it, nor what are the various divisions of function and responsibilities entailed. Consequently it is all the more essential for those employed in it to be clear on two points. What are the functions of their colleagues, and what are their own? The latter may well be modified by the former. This argues close contact with each other, and if the contact is to lead to co-operation and not to collision, patience and skill as well as drive will be required. It is all the more remarkable that conferences and opportunities for social workers to meet each other seem rather uncommon and still the exception rather than the rule.

The exception, is, however, notable in East Kent and Canterbury where a regular society exists to promote this contact and hold regular meetings, to exchange views, and attempt to solve local problems. The group at times invites visitors from beyond the Medway, or even further, and there are representatives of probation officers, moral welfare workers, almoners, psychiatric social workers, doctors, children's officers, local authorities health and education departments, teachers, N.S.P.C.C., health visitors, unemployment officers, nurses, housing managers, clergy and child guidance clinics staff (this order of course is of no significance). Discussions of this kind are of the greatest value : and disagreements which obviously exist are being resolved more speedily than those between local authorities. Canterbury is therefore to be congratulated, and it would be interesting to know what shape collaboration is taking elsewhere.

But even so a serious reluctance is still noticeable for workers to define their own functions as a preliminary to discussing means of contact. Possibly it was feared that describing would lead to circumscribing. This is a pity, for the shape of social work—to use the name in its evident sense—is still changing, and goodwill, frankness and understanding are essential if healthy development is to occur, and if lopsided growths are to be avoided.

Our readers can perhaps help us by telling their own experience. Several have already done so by contributing articles on their own functions, which will follow in turn in subsequent issues.

The Education and Training of Mental Defectives at Darenth Park

By J. K. COLLIER LAING, M.B., B.S., D.P.M.
Physician Superintendent

So much interest has been shown by visitors from abroad as well as from this country in the system of training at this hospital that it has been suggested that what is done here should be more widely known. Darenth Park is just as different from the average journalists' or lay person's ideas of a mental hospital as are the obverse and reverse of any other golden coin of the realm. It is proud of its progressive and pioneering principles. In consequence, I have compiled the following brief description.

Darenth Park was built for the training of mentally defective patients of both sexes. Commencing in 1878 as a school for imbecile children it gradually became a centre for teaching defectives of all types. It will be appreciated that throughout its existence the basic idea has been that its population should be floating, not permanent; that is to say, the intention behind the admission of every case was that after such improvement as could be effected had taken place, although it might take years, the patient should be returned to the community at large, in as useful a capacity as possible, and with the ability to fend for himself with the minimum of assistance. This aspect cannot be too frequently stressed as ignorance of it leads many authorities, including courts, to regard sending patients for admission here as equivalent to punishment, or to casting human material on to some refuse heap, there to rot. Although it becomes necessary in some cases, occasionally to suspend privileges, punishment as such is not permitted, and corporal punishment is a criminal offence.

As all types of subnormal patients are admitted so the forms of training provided must be of the widest range. The nursing staff is therefore augmented by instructors and trainers who are not nurses but teachers who work differing hours and with differing rates of pay. Whatever any particular case or group of cases requires should be forthcoming. Requirements are never static; they vary from month to month and from year to year and from decade to decade. In illustration I may mention the passing of the Education Act in 1934, which meant that our school (at one time some 700 strong) had to be closed; the Headmistress and 17 assistant teachers were no longer required as such, and buildings and classrooms had to be adapted for adults and for different forms of training. Since the closing of the schools, children under the age of sixteen have not been admitted. Again, at one period between the wars boys were interested in learning to play brass-band musical

instruments; these and a bandmaster and assistant were provided and an excellent band developed, in fact two bands were going strong for some years. Many of these patients matured, and having become efficient in other forms of activity, were able to be discharged to their place as normal citizens. Since the last war very few newcomers had the slightest interest in learning to play any instrument and so band requirements were diminished. The instruments remain uncorrupted by rust, but I fear the resplendent uniforms have not been so fortunate in regard to moth.

These illustrations are but two of many that could be mentioned. Altera tempora, altera mores. New forms of training have to be provided again and every new situation has to be met.

While it is essential that the needs of each individual patient must be studied and catered for it is possible broadly to divide training into three main forms :

A. Forms devised to stabilise and adjust to society.

B. Forms devised to develop manual dexterity.

C. Forms devised as occupational therapy.

There is no sharp line of demarcation. All of them are therapeutic.

A. Forms devised to stabilise and render patients acceptable by the General Community

Self-control, self-discipline, consideration for others, and due attention to the consequences of one's actions are very necessary in the world at large. Neglect of some or all of these attributes is commonly shown by the higher grade feebleminded persons of both sexes. Many are unstable, neurotic, and/or delinquent, from hereditary, or more often from environmental causes, or are psychopathic. It is necessary for these to find themselves in conditions which provide them with feelings of security with stable and mature individuals upon whom they can place their trust, and rely; people whom they can emulate and hero-worship; people in whom they can confide and know they will not be let down; people from whom they will accept admonition and correction, and whom they respect. The first requisites are therefore the right qualities and personalities in members of the staff.

The ex-guardsman with a good record in sports, with his high sense of discipline and cheerful acceptance of whatever situation he finds himself in, makes a splendid nurse for these people and soon draws to the surface the better (and often hidden) qualities in his patients. Some psychopaths appear to respond to some extent even if it be only lip-service. The teaching of games, especially those involving team-work such as cricket and football, is a big factor in the proper up-bringing of the higher grades of defectives.

The next need is for steady and interesting occupation within the capacity of the individual patient; simple at first but gradually

becoming more complicated as capacity develops. The creation of settled habits of work and satisfaction therefrom, takes time, but its stabilising effect is surprisingly early shown in many cases. It is necessary to continue until the habits become ingrained, and many serious relapses and set-backs occur by yielding too early to demands for release by impatient relatives, and to premature suggestions of psychologists and others. As stabilisation develops so the patient is allowed more and more to depend upon himself, to get over minor difficulties by his own efforts, and to avoid back-sliding towards his bad old ways.

Incentives are of the utmost importance. The earning of money for his labours right from the start and the feeling engendered by the knowledge that it is his, that he can spend it as he likes (within reasonable limits), that he can save it (as he is encouraged to do), that he can buy his own clothes, or that he can send his mother some, is one of the foremost of incentives. On the other hand, the certainty of losing the privilege, at least for a time, if he plays the fool, is a strong factor behind the good behaviour of many of the less unintelligent. Another and strong incentive is the patient's own realisation of his own possibilities from observation of others who have progressed sufficiently to proceed on daily licence, on parole, to resident licence and ultimately to discharge.

Throughout, there is, and must be, the solid sureness of any needed help. This must always be forthcoming and immediate, especially for those on licence and after discharge. Many do, in fact, visit us to talk over personal problems and ask for advice.

So far we have been able, in practically all instances, to provide what is necessary, in spite of the Health Act which makes the patient the responsibility of the Local Health Authority when he leaves the hospital. The confidence attained by the patient in the hospital officers cannot be transferred with the patient. Fortunately it has been possible to build up friendly relationship between this hospital and the local health authorities with whom it deals, and no complaint has been made that I, or my officers, have been trespassing on the territory of others. Like the patients, they have been glad of our help in difficult situations, and they themselves are assiduous in visiting the patients and in sending detailed and understanding reports upon them and their conditions of residence and work.

For some years a special range of shops has been devoted to efforts made to stabilise immature and delinquent male defectives and might almost be termed a "Social Re-adjustment Centre". It has proved an excellent testing ground for new patients. Specially chosen staff have a good opportunity of observing and studying patients and of forming ideas of the character of each patient and of his reactions in his approach to work, time-keeping and associates, of hearing his conversation and of assessing his behaviour in general.

One of the interesting features of this centre is its reduction of tendencies to homo-sexual behaviour on the part of patients so inclined.

It was found that the introduction of some of the more stable types of patient had a good effect upon the others, and also it was possible for some who had retired from the more active kinds of work provided elsewhere to be given some of the easier and simpler forms which this centre could produce. The overall number in these special shops varies from 130 to 140 patients.

They are run along factory lines—"music while you work" included. The Managements of two large factories became interested and supplied materials and some small machines. Trade-union rates of pay were computed into piece-work rates plus additional money for lack of overhead expenses. The first management, that of Kolster-Brandes sent in plastics of various kinds for finishing and wireless parts for letter-filling and trimming, hearing-aid parts for stripping and reclaiming, and other similar work. The second management, that of Hunt Partners sent in stamped-out cardboard of great variety to be made into cartons, containers and boxes, of which no less than 130,000 are turned out weekly and delivered direct to the buyers, a system of examination and checking finished products having been introduced. Both firms show great interest in the patients' welfare. Kolster-Brandes which is near enough (Hunt Partners is too far away) take the patients as they become suitable to work on daily licence in their factory with normal employees. As proof of the value of the training in this centre 48 patients were sent to this factory during 1951, 36 became fit for parole, 11 of them developed sufficiently to proceed to resident licence, and some sufficiently for complete discharge from this hospital.

All the doors of the centre are open, or at least unlocked, and the number of absconders is surprisingly few.

Psychologists from the Medical Research Council carried out experiments and also group psycho-therapy with patients of this unit and have published articles concerning their work in it.

A smaller unit for unstable girls has also been under way for some months, using Hunt Partners' materials. It is slower in development owing to lack of staff, but in its own way is proving of benefit to lively and unstable patients who in turn show an aptitude for this sort of work even quicker than the boys.

B. Forms devised to develop Manual Dexterity

A great many defectives, the majority of those resident in Darenth, are quiet plodding stable types who are capable of good, useful, satisfactory and self-satisfying work. They are mostly of the medium grade feeble minded and high grade imbecile types. They sometimes have a natural aptitude for farming or for gardening, or with patient tuition become quite expert in one or

other of the various trades. But only in one. Once a patient in the category now considered, becomes proficient in say, brushmaking, a brushmaker he will remain and he cannot be persuaded to attempt to learn any other trade. He is happy in his own rut going at his own pace and is miserable and unhappy if he is moved out of it.

The staff for this training should be artisans first and trainers subsequently. Those with the right personalities soon discover the right methods of teaching in simple form, the step-by-step way, patiently repeated and demonstrated over and over, until the mysteries of book binding or mattress making, of tin-smithing or tailoring, reveal themselves to the patient. The good trainer or instructor knows instinctively that bustling the patient will get him nowhere and that berating him only produces mulish obstinacy or tears or both, with perhaps retaliation with the nearest object that can be used as a weapon thrown in for good measure. By encouragement all the time, by friendliness, by making light work of difficulties and by rewards, these types of patient can be led but they can never be driven.

Habits of industry, good behaviour, trustworthiness, become ingrained in these patients as in others and it is often possible to allow these to go on daily and on resident licence. They make excellent gardeners' assistants, farm hands and artisans' labourers. Those who are used to domestic work take naturally to hotel work. Most of Dartford and district hostelries have had one or more for many years, and many of both sexes are scattered about the country. Failures are very rare and serious troughs of depression would develop with both employers and employees were any suggestion of parting them to be made.

The quality of workmanship which can be turned out by the defective who has learned his trade is surprisingly good; and it is equally surprising to discover the skill developed by most unpromising people. Those in our printer's shop produce quality quite as good as Commercial lines, in fact better than many. The best type-setter can neither read nor write but he makes far fewer mistakes than those who can do both. (How he does it, I have no idea—I have been trying to find out for years). Similarly in the case of book-binding, into which much of the material produced in the printer's shop goes and is built up into books, some with pages serially numbered and perforated, all of them sewn (no wire or staples are used); some of them bound in leather, tooled, and stamped in gold lettering.

The standard of production in woodwork of all kinds, new work and repairs is high. One patient specialises in coffins which have to be provided from time to time. Another dotes on his lathe and turns up anything required. Circular saw, band-saw, thicknessing machine, morticing machine and so on are in constant use in this shop. Chair caning and basket making, from small carrying

baskets to heavy laundry baskets and ash-hoists all graduate from another shop; Manilla cases, folders and files, envelopes and paper bags from another; tins, insulated food containers, kettles, scuttles, milk cans, etc. from another; shoe-repairs, surgical boots, tailoring repairs, overalls and shirts come from their respective shops, new mattresses are made and others are repaired, upholstery in all its branches is carried out, and coir mats of all sizes, including gymnasium mats, are made. Brushes of all kinds from toothbrushes to road sweepers, wire drawn and pan worked, bristle or nylon as appropriate all swell production figures.

Apart from these shops, training is given in horticulture in its many branches including work in glass-houses, propagation, pruning, as well as the proper use of spade, fork, rake and other tools and how to look after them. The interest of the trainees is fostered by classroom demonstrations and lessons and by visits to Kew Gardens. Girls as well as boys are quite often keen on growing plants especially when they can cut their own flowers or eat their own-grown tomatoes. They find acceptable such jobs as pricking-out thousands upon thousands of seedlings which would bore others.

Farm work is taught by the assistant bailiff and his staff. Many male patients show special aptitudes in one or other branches and it is a matter of difficulty to persuade some of them not to spend seven days a week, year-in, year-out, at the work they find so much to their liking. They are greatly in demand by independent farmers but a tendency to exploitation in certain quarters has to be closely watched.

All the services of a large hospital are utilised for training purposes. The engineer's department with its diversity of occupations and the builder's are particularly good training grounds. The enthusiasm of the patients (often the toughest) for their bricklayer trainers is grand to witness and the huge St. Paul's Cray housing estate has much to thank to the training commenced here which enabled so many of our patients to work there on daily licence, some to become charge-hands teaching ordinary labourers their jobs. The kitchen and bakehouse have their quota of patients for training, the basis of which is scrupulous cleanliness at all times.

The laundry attracts girls who learn all the processes, especially handwork. For some reason it provides a stabilising effect upon some of the liveliest and for some with sticky histories, it seems "to wash their sins away". The girls who show an interest in domestic work are trained in the wards and the likely ones are ultimately promoted to the Nurses' Home where the finishing touches are given with a view to licence in service.

In addition to the shops already mentioned, there is yet another range for the stable girls who are taught hand and machine sewing in all its branches as well as rug making.

Some of the girls turn out beautiful embroidery and exquisite

crotchet work and win many prizes at various shows at which they are encouraged to enter exhibits. It is not unknown for people who become aware of this to try to persuade a patient to make a duchesse-set or a lovely tablecloth if the cotton is provided and perhaps after months of work to offer an honorarium of say, 5/-. Exploitation has again to be carefully guarded against.

What of the three R's? Is it any use trying to teach those patients rejected by Education Authorities? In many instances it has proved to be worth-while. The Recreation Supervisor and Guides Captain teaches a class of girls and a Male Charge Nurse takes classes for boys. Whenever it is possible to obtain the services of a trained teacher he (or she) is employed.

C. Forms devised as Occupational Therapy

While the whole of the training at Darenth might be broadly classed as Occupational Therapy, I think it better to confine this term to that work which corresponds with the popular conception of it as applied by the various schools of Occupational Therapy and as seen in Mental Hospitals in general. Such work is primarily devised to occupy the time and to promote the interest of the patient and is often directed towards the rehabilitation of some injured muscle or limb or other physical disability.

In Darenth there are a number who cannot go to the workshops because they are post-encephalitic or are crippled, blind, severely choreo-athetotic, or for some other reason such as epilepsy and for these the arts and crafts of occupational therapy give the greatest satisfaction, even if some O.T. Schools might disown the simplicity of some of the crafts.

In such a unit, the ideal staff are those who have been trained mental (or mental deficiency) nurses first and who have obtained the M.A.O.T. afterwards. Experience has shown that to have both qualifications is of great advantage.

It is really astonishing to see the quality of the work these patients turn out and their immense pride in it. Certificates and prize-cards won in open competition at local shows are displayed for all to see. Variety and colour are two key-notes and altogether some 22 different types of occupation are undertaken. There is no need to list them as they are familiar to those who have seen such centres. Much of the materials used are off-cuts and scrap from various sources but the cost of materials and returns from sales are secondary considerations. One of the notable features is the low rate of sickness in these patients whom one would expect to go down with all kinds of ailments and whom one would expect to find for most of their time in bed.

In General

Spiritual ministration is afforded by Chaplains of the Church of England, Roman Catholic, Non-Conformist and Jewish religions,

and special services and religious instruction are provided for the Deaf and Dumb.

Trusting patients with little individual responsibilities, increasing them gradually as they can take them, praising their efforts and encouraging them, all help towards their self-reliance. Thus it becomes possible for them to run their own self-styled "Good Intentions Club" of both sexes with its committee of three "boys" and three "girls" with Matron and my Deputy in the background for advice and help if needed. This Committee is responsible for its entertainments, the games, the crockery, the gramophone records and so on used by them. They have much say concerning the filling of vacancies caused by members going on licence, or the occasional back-slider they have expelled. Keeping the number of members under a hundred means a considerable waiting list of other potential members whose enrolment depends upon their own self-discipline.

Frequent week-end and holiday leave is given in order to keep patients in touch with their families and with the outside world. Town parole goes practically hand-in-hand with daily licence, and is enjoyed by many other trusted patients; it is of great value not only to the patient but to those who are watching his development and trustworthiness.

Except those in outside employment who earn wages, all patients who work receive monetary rewards, and all participate in the weekly dances and picture-shows and all who can, in the outings and games. The portable cinematograph is very popular amongst those who cannot get to the main shows and gives an opportunity for educational as well as recreational entertainment.

It has been found possible for all the wards except four out of 38 to remain unlocked in the same way as the shops which are all run on the "open" principle and yet the rate of absconding is again surprisingly small.

The other side of the picture is shown by the frequency of visits of patients who are on licence or who have been discharged, perhaps just to show us how well they are succeeding or for some advice or assistance. A couple of years ago one returned and "touched" me for a 5/- loan which I gave him and promptly forgot all about. You can imagine my astonishment when I found two half-crowns on my desk a year or so later—the loan returned by the same ex-patient. Some patients on licence request to return to spend their holidays here, some throw up the work or job found for them (perhaps with much difficulty) and hie themselves back to be with their friends, and others cause embarrassment by returning after discharge and refusing to leave.

Doctors, representatives of serious societies and associations interested in problems affecting defectives, and overseas visitors, are always welcomed and every effort is made to make such visits interesting and profitable.

World Federation for Mental Health

IMPRESSIONS OF 5TH ANNUAL MEETING, BRUSSELS, 1952

The general public are inclined to think that these many international journeyings, under the auspices of U.N.O. N.A.T.O. U.N.E.S.C.O. W.H.O. W.F.M.H. or what you will, are a way of evading currency regulations and arranging for a good time to be had by all. In some ways I was inclined to agree with this view but after attending the European Mental Health League in Switzerland last year, and the Annual Meeting of the World Federation of Mental Health in Brussels this year, I am sure the value in good human relationships alone is worth the tremendous amount of organisation involved. The papers read and afterwards discussed were proof that the effort made in preparation all over the world was worth while—and let no member of the public imagine that the delegates have an easy life, or a rest cure! Readers of "Mental Health" may like to know what goes on at one of these Conferences, so I propose to try and paint a rough picture, touching only the fringe of the subject, for reasons of space.

The delegates assembled in Brussels on August 24th, though the Executive Board of the W.F.M.H. had been planning for our education, and edification, for a week previously. The residential International Seminar on Mental Health and Infant Development held at Chichester in July was also a prelude to the Brussels meeting, and I believe proved an enriching experience for all those lucky enough to attend.

We were 247 in number from 27 different countries, by far the larger proportion of delegates coming from the U.S.A. and of course from Belgium itself. Nearly all the delegates were housed in the Citè Estudiantine in simple comfort, just opposite the University buildings where we worked by day. Some stayed in more luxury at hotels in the town, but they must have missed the gay companionship of the not so very young turned students again, not to mention the expense of the taxi fare to and from the centre of Brussels about a mile and a half away.

Dr. Doris Odlum led the British delegation, and the Ministry of Education sent as "Observers", Mr. R. Howlett (an Under-Secretary), and Dr. Alford. Dr. the Hon. W. S. Maclay was an Observer from the Mental Health Division of the Ministry of Health.

Dr. G. R. Hargreaves came as Chief of the Mental Health Section of W.H.O., and Mr. W. D. Wall from U.N.E.S.C.O.'s Education Department also attended and spoke.

We were a happy crowd and those of us with more than one language had the advantage of hearing and understanding much that was said at the social gatherings and talking freely. What struck me forcibly was that so many delegates talked English or at least understood it. For those who did not, there was instantaneous translation through head-phones (when it worked) at the Sessions. But at the working groups that were formed after the Plenery Sessions the language question became a major difficulty, made no less by the mumbling of the British delegates and the "hail fellow, well met" attitude of the Americans, with their love of Christian names not shared by foreigners. In my Group the use of words like "old birds" and "bodies" not used in their literal sense made the already anxious faces of the German and Swedish delegates become quite fearful, wondering if their British and American colleagues had not succumbed to perhaps one of the mental diseases they had come to discuss!

The President this year was Dr. M. K. el Kholy of Egypt, for whom this Conference must have had a special significance. Coming from a country in the midst of a tremendous upheaval, his thoughts will have turned to the need of good human relationships throughout the world in general, and in Egypt in particular at the present time.

At the first Plenary Session Dr. Soddy, Assistant Director of the W.F.M.H. and Director of the Chichester Seminar, gave a most interesting address on the subject discussed there—Mental Health and Infant Development. He had as Chairman a Belgian woman, Dr. Callewaert, who had also been at Chichester, and between them they set the tone for the serious work of the Conference.

In the afternoon, we settled down in various Groups for which we had registered. These were 14 in number, and covered such subjects as:—

1. Practical measures for the education of teachers in the principles of Mental Health.
2. Education of professional workers in Mental Health, with special reference to Social workers—those concerned with delinquency, prisons, etc.
3. The social care of backward and mentally handicapped persons.
4. Formulation of the unsolved problems of Mental Hygiene.

to give but a few examples.

The following day Dr. G. R. Hargreaves and Dr. Ewen Cameron gave us a stimulating address on Research and Development in the Mental Health field. As Chief of the Mental Health section of the World Health Organisation in Geneva and as Professor of Psychiatry at McGill University, Toronto, respectively these two speakers were complementary to each other, the one

taking a broad view covering the past and looking to the future, the other speaking chiefly from the angle of research and the possible ways of implementing its findings. We were certainly left in no doubt of the difficulties involved, and if any of us wished to take a flight into the unreal we were quite properly brought down to earth. This was a most useful dose of medicine for any large Conference which might be tempted to wishful thinking, but no one could have administered the dose more charmingly and sincerely than Dr. Hargreaves and Dr. Cameron. The Mental Health problems of Old Age were not forgotten, and Professor van der Horst of Amsterdam gave us his experiences in a valuable contribution. The last session was devoted to reports by Group Leaders.

Quite the most outstanding paper of the Conference, from my point of view, was that of Miss Robina Addis on "Social Case work", not only on account of its matter, but because she had taken the trouble to rehearse with the translators and the wireless technicians so that I was told it came over in French even better than in English. Miss Addis—who is a Psychiatric Social Worker and Head of the Social Services Department of the N.A.M.H.—gave us much of the history and growth of social work in England, carefully listing the many Acts of Parliament which had led to the remarkable dove-tailing of voluntary and statutory work, a unique achievement and the envy of our foreign friends. Dr. Réne Sand, who is Hon. Professor of Social Medicine in the University of Brussels paid a well earned tribute to Miss Addis's address, as did many of the speakers in the discussion which followed.

I cannot end this survey without special reference to two things, the first of which was the delightful hospitality of our Belgian hosts, who laid on all kinds of interesting visits for us, including a Reception by the Burgomaster of Brussels at the glorious Hotel du Ville and another one by the Rector Magnificus at the University of Louvain.

The other high light which will long remain in my memory was our visit to the Gheel Colony for the family care of patients suffering from mental illness and from mental defect—a Centre which can trace its history back to the 14th century. This was a most moving as well as a stimulating experience, and one feels that the story of the Colony should be made widely known in every country.

PRISCILLA NORMAN.

Psychiatry and the Community—II

An Experiment in Mental Health Education

By CYRIL GREENLAND

Senior Psychiatric Social Worker, Crichton Royal, Dumfries

Psychiatry and the Social Services

In October 1951, we were again approached by the University of Glasgow Extra-mural Education Committee to organise another course of Mental Health lectures. Although it was felt that this would not be very successful, we were persuaded to organise one on a less ambitious scale with a syllabus designed to meet the needs of a small body of advanced students. As in the previous Course the writer acted as organiser and group leader and in this capacity attended all of the sessions.

The lectures, given weekly, were as follows:—

"Psychiatry and the Social Services. An Outline of the Course and its Aim". By Dr. W. McAdam, M.B., M.R.C.P.I., D.P.M. (*Consultant Psychiatrist, Crichton Royal*).

"Psychiatry and Social Medicine". By Dr. W. T. McClatchey, M.B., Ch.B., B.A.O., D.P.M. (*Senior Registrar, Crichton Royal*).

"Measuring Individual Differences". By Joseph Kelly, M.A., Hons. E. Ed. B. (*Clinical Psychologist, Crichton Royal*).

"Measuring Group Differences". *As above.*

'Social Techniques in Psychiatry". A Discussion of various forms of Social Therapy". By Cyril Greenland (*Senior Psychiatric Social Worker, Crichton Royal*).

"Psychiatry and Mental Deficiency". (Introduction). By Dr. W. McAdam.

"The Psychology of Intellectual Subnormality". By Dr. W. T. McClatchey.

"The Psychology of Intellectual Subnormality". By Mr. Joseph Kelly.

"The Training of the Intellectually Subnormal Individual". *As above.*

"Community Care". By Mr. Cyril Greenland.

"The Child Deprived of a Normal Home Life". (Introduction). By Dr. Philip Pinkerton, M.B., Ch.B., D.P.M. (*Physician in Charge, Dept. of Child Psychiatry, Crichton Royal*).

"Personality Studies of Children in Institutions". By Mr. Joseph Kelly.

"Psychiatric Aspects of Institutionalisation". By Dr. W. T. McClatchey.

"The Problem Family". By Mr. Cyril Greenland.

"Geriatrics". (Introduction). By Dr. W. McAdam.

"Mental Illness in Old Age". By Dr. W. T. McClatchey.

"Psychological Changes in Old Age". By Mr. Joseph Kelly.

"Social Problems of the Aged". By Mr. Cyril Greenland.

The series concluded with a report back by the students and general discussion with all the lecturers taking part.

Most of the sixteen students who enrolled had previously attended Mental Health Lectures. Among them were two teachers, one assistant Children's Officer, a District Nurse and four mental nurses.

From 7.30–8.30 p.m. the formal lecture was given and the period after tea-break until 9.30 p.m. was occupied with questions and free discussion.

This series of lectures was not so successful as the first. Being disappointed by the small attendances our initial enthusiasm soon waned. The small group of regular attenders were quickly able to predict the pattern of each others contribution to discussion and so were easily bored. Group hostility resulting from this expressed itself in thinly veiled criticism of the lecturers. Although great care had been taken to avoid this, students complained of being overwhelmed by the mass of information thrust upon them. Lecturers too were frustrated and complained about the lack of discussion. These tensions if not absent were at least not obvious in the first series of lectures.

Apart from the difficulty of finding a suitable technique for dealing with a small number of students with different interests and different levels of emotional and intellectual development, the problem of intensity of the Course requires careful consideration. From our experience it soon became clear that five lectures on a single topic was beyond the interest and comprehension of the group.

These problems were fully discussed by the group whose unanimous opinion was that their real interest was in actual cases rather than theories. As one member put it, "I am more interested in knowing what actually happened to people rather than what could happen". This popular interest in case material presents both a lead and a challenge to the prospective mental health educator.

It is probable that in any community there is only a limited number of people sufficiently interested in mental health problems to attend a regular series of lectures. Among these, about half would be teachers, nurses and social workers of one kind or another, attending for "professional reasons". A large proportion of the remaining half would attend for personal reasons, many because they have unresolved problems. A few would have already attended psychiatric out-patient clinics, or child guidance clinics. Others would be on the verge of doing so. It is possible that for them attendance at mental health lectures represents engaging in non-specific and undirected therapy, a type of self-prescribed supportive treatment. This may explain why some of our students having attended mental health lectures for the past four years will when given the opportunity continue to attend. In view of this, should plans for future lectures include non-specific therapy as one of its aims? If so, how far should this aim be disguised?

In their chapter on "Health Education of the Public", The Expert Committee on Mental Health implicitly accept therapy as a necessary part of mental hygiene education.

> "It appears now to be agreed by specialists in this field that health education in general is most effective with individuals and with small groups, and when the educator not only has an intimate knowledge of the community in which he is working, but is known and warmly respected by it. Conversely, education undertaken by persons who are unknown or unacceptable to the community may not only be ineffective but may even be dangerous in that resistance may be engendered which may defeat the educational process. These principles are presumably true in mental hygiene education of the public as they are in other public educational activities.
>
> "Education, in short, has its best chance of success if individuals and groups are stimulated to take an active part in studying and solving their own problems. People are much more likely to change their behaviour when they have a part in planning the change. If this is so, the best mental hygiene education will result from the practice of mental hygiene principles, by public-health workers in their day-to-day work. The successful solution of individual problems will be the most potent educational force. Small group discussions of persons facing the same type of problem, conducted by a health worker experienced in handling group study, planning, and action, are probably as effective an educational technique as any".

Our experience would lend strong support to this view.

Summary

Two separate experiments in mental health education are described. Both were organised by the Crichton Royal in conjunction with the Glasgow University Extra-mural Education Committee.

From October 1950 to March 1951, under the general title of "Psychiatry and the Community" twenty lectures were given to the public by various speakers, most of them experts in their subject. At each session the lecture was followed by controlled group discussion. All meetings were well attended, particularly so when films were shown and when publicity was adequate. Although no other tangible results could be demonstrated the organisers were gratified by the high level of student participation.

From October 1951 to March 1952, at the request of the Glasgow University Extra-mural Education Committee, we agreed to organise a further series of lectures under the general title of "Psychiatry and the Social Services". The aim this time was to provide a programme of mental hygiene lectures suitable for a small group of advanced students. An attempt was made to focus attention on local problems. Five lectures were devoted to each of the four main topics. Again, the first half of the session was taken up by the formal lecture which was followed, this time, by free discussion.

Although this experiment was in many ways less satisfactory than the first, the problems raised by prolonged and intimate contact with the smaller group are infinitely more interesting to the organiser of mental health education.

Acknowledgment

My thanks are due, first to Dr. P. K. McCowan, Physician Superintendent, Crichton Royal. Without his interest and support, this work would not have been possible.

I also acknowledge my indebtedness to all those who so willingly took part, often at the cost of much personal inconvenience. In particular, thanks are due to the group leaders, the lecturers, officials elected by the students and Mr. de Bear Nicol, Extra-mural Organiser in Dumfries, for their loyal co-operation.

Finally, I record my gratitude to Dr. W. Mayer-Gross, Director of Clinical Research, Crichton Royal, for his advice and friendly encouragement at all stages, especially for his helpful criticism of this paper.

"Intelligence and Modern Social Trends"*

By E. O. LEWIS, D.Sc., M.R.C.S.

If mental deficiency is interpreted in the legal sense i.e. covering only those with I.Q. below 60 who can be dealt with under the M.D. Acts, the mental defective cannot be said to present a serious social problem. However, such a problem is presented by the much larger borderline group, the subcultural, comprising over two millions of the population of England and Wales.

Those who refuse to recognise that the subcultural group presents a problem, may be referred to many instances when the judicial authority has either refused to make an Order under the M.D. Acts, or has pressed for the discharge of a patient from an Order, with the result that it has left on the hands of the administration an unsolved, aggravated problem. Such action has often been a dis-service to the individual involved and detrimental to the community in which he lives. Similarly in the medical profession the pursuit in dichotomy i.e. treating the individual as M.D. or as a normal person, is superficial. That the patient although being a normal person, is of poor mental endowment should be recognised not only in the diagnosis, but also in the treatment and subsequent rehabilitation.

Those who recognise that the subcultural group presents a problem but who regard it as of no importance, are reminded that the educational retardation of backward children is double that of mental retardation. The neglect of the retarded child means that large numbers leave our schools with feelings of inferiority and frustration deeply embedded. That at least two millions of the population of England and Wales can be said to belong to the category of the subcultural group, surely makes this section, and the problem it presents, of great social importance. From the standpoint of Social Medicine this is the most important psychiatric group in the whole community. The majority of our chronic social problems—pauperism, slumdom and recidivism—are associated not so much with mental defect but with the subcultural group.

With respect to those who recognise that the problem exists and that it is an important one, but that it has no possible solution, no good purpose would be served by discussion. They must be shown the attitude which attempts to study the nature of the problem and to determine what can be done about it.

The right approach to the subcultural section of the community is that of regarding it as an integral part of the general community. The problem presented by lower grade defectives who

*This Paper was published in the Journal of Mental Science, July 1951, and we are indebted to O. Porebski for the Summary here printed.

can be brought within the scope of the Mental Deficiency Acts can only be solved by their segregation in institutions or colonies. When dealing with the subcultural group the solution cannot be one of segregation, but must be that of assimilation into the general community. In the education of the retarded the emphasis should be placed not on the scholastic, but on the social aspect. The problem of the subcultural person is largely a family problem. To ensure continuous co-operation between the home and the school, the services of social workers are essential. Social Medicine is chiefly concerned with environmental factors but sooner or later, a hard core is reached which cannot be resolved by environmental changes. It is when Social Medicine has to deal with these residual hard cores, that it will turn to the psychiatrist because it will be realised that further progress cannot be made without taking into consideration the special features of the persons who constitute this hard core.

The problem of the subcultural is very intimately related to various social trends, for instance, the differential fertility of intelligent and unintelligent persons, for the general level of intelligence of the community may be estimated by the number or percentage of people who can be included in the subcultural group. Again the proper functioning of various Social Services may depend to a large extent on how they are used or abused by a certain minority of the subcultural group. There is a danger that if certain members of the subcultural group make an unduly large demand upon these services, the benefit of these services to the whole community will be restricted and their development retarded.

The chief problem the subcultural group presents is its assimilation into the social and economic life of the general community. This task, however, is rendered much more difficult by the disintegration of social life that is taking place in large modern towns.

Many intelligent people who would be among the first to demand special services for the crippled or blind or deaf would deny special services to the mentally deficient. Such people might put the idiot out of sight in an institution, but they would not give the more capable defective the special education that would enable him to keep out of an institution.

From an article in "American Journal of Mental Deficiency," October 1952.

The Mental Health Services in 1951

RECENT STATISTICS

For information about the progress of the Mental Health Service it is now necessary to consult two Reports published by the Ministry of Health viz. Part II which is the Annual Report of the Ministry's Chief Medical Officer, published under the title "On the State of the Public Health", and Part I comprising reports on the National Health Service and on "Welfare, Food & Drugs, and Civil Defence". This makes it more difficult to get a clear impression of the present position so we are attempting to summarise here the facts and figures most likely to be of interest, on the assumption that few readers will have access to both the Reports or will wish to spend eleven shillings on buying them from H.M. Stationery Office.

Mental Deficiency

Defectives under care

The total number of defectives under care in 1950 and 1951 respectively was as follows:—

	1950	*1951*
In Institutions and Homes	56,726	57,661
Under Guardianship or Notified ...	4,095	3,850
Under Statutory Supervision	48,295	50,049
Under Voluntary Supervision	17,687	16,753
Total	126,803	128,313

Ascertainment

The number of defectives reported to Local Health Authorities remains fairly steady, viz. 2.94 per 1000 in 1951 as compared with 2.90 per 1000 in 1950 and 2.87 per 1000 in 1949. For defectives found "subject to be dealt with" the corresponding figures are 2.56, 2.50 and 2.45 respectively. Of the 7,604 defectives found "subject to be dealt with" in 1951, 5,478 were reported by Local Education Authorities but no information is given as to how many of these were children deemed to be "ineducable" and how many were educationally subnormal school-leavers reported as requiring supervision.

The ascertainment rates of individual Local Health Authorities (varying, in the case of defectives "subject to be dealt with" in 1951, from the Walsall figure of 3.94 per 1000 to Carmarthen's 0.55) are given in two tables showing also the proportion of those for whom institution care has been provided and of those who are under supervision in their own homes.

Licence

The number of defectives On Licence from institutions has slightly dropped—from 5,383 at the end of 1950 to 5,266 at the end of 1951.

Accommodation

During the past two years there has been a decrease of 419 beds in institutions mainly due to the reassessment of bed space on a basis of authorised standards, and at the end of 1951 the deficiency of accommodation was 4,778 as against 3,444 at the end of the previous year.

Discharges

Discharges from Institutions in 1951 numbered 1,194 as compared with 998 the previous year; discharges from Guardianship were respectively 203

and 434, many of this number being no doubt accounted for by the transfer of financial responsibility for defectives over the age of 16 from the Local Health Authority to the National Assistance Board.

Other statistical information is given in numerous appendices in Part I of the Report, but it is disappointing not to find any discussion or survey of the present situation or of future trends. Nor is there any information at all (statistical or otherwise) about the development of Occupation Centres —surely a serious omission which seems particularly regrettable in view of their increasing importance at the present time. It is true that in Part II of the Report ("On the State of the Public Health") there is a paragraph in the chapter on "Mental Health" commenting on the use of Group Teaching as a development of Home Teaching (in which we are told that one Authority has eight groups with two teachers giving 110 children one session a fortnight); this is, however, included rather irrelevantly as one of the "few items picked out for special mention" in a chapter dealing principally with mental illness and in a separate volume covering a different time period.*

Mental Deficiency Nurses

The very serious situation with regard to nursing is mentioned and the figures are given but it is doubtful if the full gravity of the failure of recruitment is emphasised enough. Male student nurses have declined by over 20% since 1950 and females by nearly as much. Nursing assistants, it is true, are on the increase but obviously will not replace the skilled staff many of whom are within sight of retirement. Their loss can only result in closing beds and an increase of the present appalling waiting-lists—which itself is not emphasised in the Report.

MENTAL ILLNESS

Both volumes of the Report contain information about mental treatment, and there is in addition the 1951 Annual Report of the Board of Control to the Lord Chancellor made under Section 162 of the Lunacy Act, 1890 which present useful statistics and brief comments. For the main statistical information, however, it is Part I of the Ministry's Report which should be consulted.

From this, we learn the following facts:—

Patients under Care

At the end of 1951 there were 148,071 patients suffering from mental disorder and being dealt with under the Lunacy and Mental Treatment Acts (including patients at Broadmoor and in Military and Naval Hospitals) as compared with 147,546 at the end of 1950. 141,724 were Health Service patients in Mental Hospitals.

Mental Nurses

The situation here is only one degree less serious than that in M.D. colonies, and its full weight is also stressed too little. The final sentence: "it seems certain that the crucial factor will soon be the capacity of the hospitals themselves to attract and retain staff", is no doubt designed to encourage hospitals to do their utmost and (we hope) not to absolve the Ministry of its own responsibility in improving nation-wide factors, such as pay, which are held by many to be a main cause of the shortage and are outside the hospitals' control.

**In reply to a question asked in the House of Commons on October 23rd by Mr. W. S. Shepherd, the Minister of Health stated that in December 1951 there were 195 Centres and 11 Clubs as compared with 183 Centres and 12 Clubs in 1950. The number of children on the registers of Centres was 7,351 as compared with the previous year's figure of 6,318.*

Status of Patients

Of the total number of Direct Admissions to Mental Hospitals during 1951 (viz. 59,288), 66.3% were Voluntary patients, 2.1% were Temporary, and 31.6% were Certified. (In connection with this classification, the Board of Control in their Report to the Lord Chancellor draw attention to the great diversity of practice as between mental hospitals in different parts of the country. In a few hospitals over 90% of direct admissions are received under the Mental Treatment Act as voluntary patients, whereas in others almost 50% are still certified.)

Discharge

The percentage of patients discharged from mental hospitals in 1951 calculated on the basis of a percentage of direct admissions was 79.2 (as compared with 77.9 the previous year). When one bears in mind that the admission rate to these hospitals was in that year 59,288 the extraordinarily quick turnover of patients is strikingly apparent. Moreover, nearly four-fifths of discharges are "recovered" or "relieved"—another very reassuring item of news.

Single Care

At the end of 1951, only 69 patients were in single care, and in the Board of Control's Report to the Lord Chancellor the rapid decline of the use of this form of care is commented upon—In 1913 it was used in 659 cases—in 1940 in 252, in 1950 in 74. The reasons for this may it is suggested be its expense, together with its lack of facilities for active treatment. One would think also, that it may be taken as an indication of the growing confidence in mental hospitals and a diminishing fear of using them.

Community Care

During 1950, the Ministry made a survey of the use of Community Care under Section 28 of the National Health Service Act, in five areas, resulting, as was to be expected, in disclosing a wide variation of practice and in the type of personnel employed. Efforts to develop the new service are being made, but "there is a long way to go and much to be learned" and it is rather discouragingly remarked that "it will be many years before all workers who visit patients in their own homes will have the practical psychiatric knowledge which will enable them to give the right kind of social help."

Neurosis

It is remarkable that although some 4 pages out of 10 in the Part I Report are given up to Moss Side, Rampton and Broadmoor, no attention whatsoever is paid to the problem of neurosis which numerically out-numbers all other forms of mental disorder or deficiency. In both Parts I and II of the Report, mental disorder apparently only refers to mental hospital patients. It might have been hoped that even if before the National Health Service Act the Ministry had concentrated on those patients who were legal problems, it would now have become aware of the existence of the neurotic.

REFERENCES

Report of the Ministry of Health, covering the period from 1st April 1950 to 31st December 1951. Part II. "On the State of the Public Health" 6s.

Report of the Ministry of Health, covering the period 1st April 1950 to 31st December 1951. Part I. "The National Health Service: Welfare, Food and Drugs, Civil Defence" 5s.

Annual Report of the Board of Control to the Lord Chancellor for the Year 1951, 4d.

News and Notes

Changes at the Ministry of Health

Sir Percy Barter C.B., the Chairman of the Board of Control, retired on 30th September after 42 years service. The Minister has appointed Mr. I. F. Armer, C.B., M.C., the Deputy Secretary of the Ministry of Health, to take over the duties of the Chairmanship in addition to his present office.

The central administration of the Mental Health services, other than the work of the Board of Control, will in future be fully merged in the administration of the National Health Service generally.

A new Division of the Ministry is being created to deal with all questions of remuneration in the health services, and related matters, including questions of staff complements and gradings. Mr. J. P. Dodds, at present Under Secretary for Finance and Accountant General in the Ministry, will be the Under Secretary in charge of this Division. He will be succeeded by Mr. A. S. Marre as Under Secretary for Finance and Accountant General.

The Minister has appointed Mr. R. Gedling as his private secretary, in succession to Mr. A. R. W. Bavin who is being promoted.

The address of the Ministry is now Savile Row, London, W.1.

National Assistance Board

The Report of the National Assistance Board for 1951 [H.M. Stationery Office, 1/6] gives an analysis of the persons receiving weekly allowances between July 1948 (when the National Assistance Act came into force) and December 1951. From this we learn that the number of persons "not required to register for employment" to whom grants were paid, was 258,278 at the end of 1951, as compared with 123,000 in July 1948. This group is however, not analysed into its component parts, and therefore there is, tantalisingly, no means of knowing how many of them were unemployable adult defectives.

It will be remembered that the Act provided for the opening of "Re-Establishment Centres" for the rehabilitation of persons coming to the notice of the Assistance Board who could be fitted for entry or re-entry into regular employment. For this purpose the Board has hitherto used Centres provided by voluntary bodies or by the Ministry of Labour, but in June 1951 the first Centre of its own was established in hutted accommodation at the village of Holy Cross, near Clent, Worcestershire. Here 40 men can be received, and kept occupied in jobs inside and outside the buildings

and on the land attached, until they are ready for a trial in paid employment in the locality when they are allowed to stay on for a time as paying boarders. The Report states that the total number of men who have passed through the Centre by the end of 1951 was only 69 and that the maximum number in residence at one time was 20. So far, Section 10 of the Act under which assistance can be withheld if the offer of maintenance at the Centre is refused has not been applied and the men received have gone to it "as a result of persuasion mostly by the Board's officers and members of Advisory Committees."

A Report from the National Assistance Board on "Reception Centres for Persons without a Settled Way of Living" made to the Minister of National Insurance, is issued separately and may be obtained from H.M. Stationery Office, price 1/-.

British Epilepsy Association

It was on March 1st, 1951, that this newly formed Association left 39 Queen Anne Street where its birth had taken place after a gestation period within the N.A.M.H.; after being carried on by the Secretary, Miss Irene Gairdner, in her home for a few weeks, it then moved to its own quarters at 7 Victoria Street, S.W.1. Since then it has to its credit a record of steady expansion and development, recorded in its First Annual Report.

The Association's general object is to promote the welfare of epileptics by making known the true facts about the disease and its social effects. It further seeks to provide a centre of information where "skilled advice is available to sufferers from epilepsy and their friends, and attempts are made to solve their individual problems." A Social Club is held every Friday evening at the office and more members are invited. Through the Club, members are given the opportunity of performing small clerical services for the Association, and also—at their request—have been put in touch with epileptics who are homebound and who welcome contacts with fellow sufferers.

Two highly attractive News Letters have been issued—one printed in blue and one in red, illustrated by intriguing small sketches—and copies of two small booklets on "Children with Fits" and "Epileptics and Employment" have been widely distributed. An interesting experiment has been the preparation of a special card to be carried on their persons by epileptics who are liable to fits in the street, giving their names and addresses, simple instructions as to how to treat them during the fit and the time in which they usually recover consciousness. A badge has also been issued to be pinned under coats or worn as a brooch, by which police and First Aid personnel will be able to identify the patient as an epileptic and will know that he is carrying a B.E.A. card.

Employment and Mental Health

The Report of the Ministry of Labour and National Service for 1951 (H.M. Stationery Office, 6s.) includes many points which are of interest to mental health, and will repay a careful study. It is incidentally easier to read and digest than many H.M.S.O. publications, being well supplied with pictures and graphs.

The first section, on "Manpower", describes the Human Factor in Industry Exhibition staged in 1951. Its success will perhaps encourage others. A warning is issued on the loss of manpower through the application of rigid rules about the age of recruitment and retirement in certain kinds of employment: this must be considered more seriously still as the average age rises.

In Part II of the Report there is a special chapter on the resettlement of the disabled. Here it is recorded that the total number of Remploy Factories providing sheltered employment under the Disabled Persons (Employment) Act of 1944, was 90; of these, 5 were completed during the year. The total number of severely disabled employees was 6,000. Seven of the factories were reserved for persons suffering from tuberculosis and in many there were epileptics. No figures are given of the general classification of cases. Besides Remploy Factories, employment under sheltered conditions was provided during the year in 37 workshops run by 29 voluntary organisations.

There was a fall of nearly 41,000 in the number of persons registered as disabled. The number of registered workers who were unemployed at the end of 1951 was the lowest yet recorded (47,800, being 9,600 fewer that at the end of the previous year), but this may be because fewer disabled workers feel they need to register.

Persons on the Register are classified in four groups and during 1951 were divided as follows: in the surgical group, approx 40.3%; in the medical group, 38%; in the psychiatric group, 5%; in the miscellaneous group, 16.7%. It must be asked whether psychiatric cases are not using the Service or whether the diagnosis is inaccurate.

Home-workers' schemes were operated by Remploy Ltd. at 7 factories providing employment for 124 home-bound persons, and under the Special Aids to Employment Scheme, a number of others were helped by loans of tools and equipment. Discussing this question, a Special Correspondent in The Times of October 16th. urges a greater degree of co-operation between Remploy, local authorities and voluntary societies which he says could "open new vistas for the house-bound and relieve the position of many thousands of such people . . . who are anxious to work but are unable to do so even in the sheltered conditions at present provided by Remploy". In this whole field of rehabilitation there is now ample legislative machinery, this same article points out, and experience has grown steadily. Has not the time come, it is asked,

"for the Minister of Labour and the Minister of Health to approach the task together and with the help of all the interested parties, to seek practical means of translating into achievements the great aims of the Tomlinson Committee?"

Part III of the Ministry's Report, on "Industrial Relations", optimistically begins: "Throughout industry friendly relations between employers and workpeople continued to be good" and "no major industry was held up by any widespread and prolonged stoppage". But the transport industry accounted for more than a third of the working days lost. Psychological studies on the dockers and the dock strikes have of course been intensely if not widely undertaken.

The Ministry's Personnel Management Advisory Service is described and is developing in its scope and interest. Various kinds of training experiments for Supervisors are on the increase: so is interest in joint consultation.

Those who are interested in the welfare of handicapped young people, should not fail to read a report recently issued under the auspices of the Medical Research Council (Memorandum No. 28, H.M. Stationery Office, 3s.) under the title "Employment Problems of Disabled Youth in Glasgow". Two groups of boys and girls were studied—one, a group of 579 who had registered under the Disabled Persons (Employment) Act before July 1st 1948, the other a group of 408 who had left schools for physically handicapped children during the years 1945-8. Of the 30% of registered young persons in this second group, 48 were classified as suffering from "mental and psychoneurotic conditions"; almost all of these were mentally retarded, but no special study was made of children leaving schools for the educationally subnormal.

The general conclusion set forth in the Report is a disquieting one, and its findings are described as "sinister" in that they reveal a wide extent of long-term chronic unemployment and a high proportion of employed disabled young people in unskilled work which is often "grossly unsuitable and likely to lead to physical breakdown or prolonged idleness". This failure to provide suitable placements with the necessary educational and training facilities required for doing so adequately, must inevitably, it is pointed out, "make a major contribution to the vicious, hard core of unemployment in later years".

Human Relations in Industry

The report of the Conference on Human Relations in Industry arranged in March by the Ministry of Labour has now been published by H.M. Stationery Office.

Its organisation was undoubtedly a valuable step in the Ministry's programme designed to stimulate interest in human

factors and the exchange of views was frank and at times heated. The conference was separated into groups to discuss specific questions and prepare reports which had the benefit of further discussion by the whole conference before they took final shape. These reports are given here in full : they deal with the opportunity to work, the capacity of workers, wastage of manpower and the will to work, and they should be read by all concerned.

The difficulty is that they probably won't be, and for this the form of the report which, dare it be said, is in the usual H.M.S.O. style—is largely responsible—close print, long paragraphs, few headings, no index. It is ironic that there are four pages reporting the Rapporteurs on the will to work, who stressed that in consultation the mental attitude was more important than the machinery, that language must be carefully watered, and that specialists' help was required in communicating information. But these four pages have no subheading and the proceedings inevitably appear less inspiring than they certainly were. Can some of the findings of the Conference not be read by whoever sets them out in print?

All the same, we can recommend our readers to take the trouble to study this Report.

Manchester's Mental Health Service

In the Report on the Health of the City of Manchester for 1951, the Medical Officer (Dr. Metcalfe Brown) devotes 16 pages to the Mental Health Service administration and to the whole subject of mental health.

Of special interest is the section on the Family Welfare Centres the first of which was initiated in 1948. This venture is designed to be "a preventative and constructive service" aiming at "stabilising family life by preventing if possible in the early stages, wrong tendencies which if allowed to continue are likely to lead to nervous breakdowns, broken marriages, delinquency and much general unhappiness especially where there are children".

The Centres, of which there are now three, are under the supervision of a psychiatrist with two assistants, a psychiatric social worker and a secretary-receptionist. During 1951, 1,135 interviews were given to 300 applicants of whom 217 were new cases. Referrals come from various sources—probation officers, hospital almoners, the Marriage Guidance Council, etc., and from Child Guidance Clinics who send parents who need advice in connection with maladjusted or mentally subnormal children.

The results of this Service cannot be statistically expressed but it is thought that in many cases, the advice and help given has prevented a breakdown needing mental hospital treatment.

Leeds Occupation Centre Film

This film, the first of its kind, has been in such demand that we are told it is now showing signs of wear and tear and becoming out of date.

Such an enterprising Local Authority as Leeds does not, however, propose to withdraw the film without putting something in its place and a new and longer one is now in preparation which will be introduced by the Medical Officer of Health (Dr. I. G. Davies). It will take some 40 minutes to show and will be accompanied by synchronised music and have a sound commentary. It should be ready early in January and can then be booked by interested Authorities and organisations at a small fee.

Enquiries should be addressed to Mr. J. Squire Hoyle, 25 Blenheim Terrace, Leeds, 2.

World Federation for Mental Health

The 1951 Annual Report of the Federation is now available. It is a document of 36 quarto pages comprising a Foreword by the President (Professor William Line of Canada), the Report of the Director (Dr. J. R. Rees), the Report of the Treasurer (Dr. George S. Stevenson, U.S.A.), the Proceedings of the Fourth Annual Meeting held in Mexico City in December 1951, with a full list of Associates and of Member Associations.

The present membership of the Federation consists of 68 Societies, 66 of whom are from 37 different countries, and it was hoped that amongst the new societies likely to apply for membership Japan, Germany and Ireland would be included. At the Mexico International Congress over 800 people registered and the Congress had the full backing of the government of the Republic. In 1954 the International Congress will be held in Toronto with the general theme "Mental Health in Public Health", a subject which all member-societies are asked to study.

An important new development to which the Director's Report draws attention was the Residential Seminar on Mental Health and Infant Development held by the Federation at Chichester, England, in August 1952 which was attended by some 30 World Health Organisation Fellows in addition to other "high level" people from the public health, educational and psychiatric fields.

The Report (price 2/6) can be obtained from the offices of the World Federation, 19 Manchester Street, London, W.1.

Reviews

A Text Book of Mental Deficiency. By A. F. Tredgold, M.D., F.R.C.P., F.R.S.(E.). 8th Edition. Bailliere Tindall & Cox. 37/6.

It is now 44 years since the first edition of Dr. Tredgold's well known text-book on Mental Deficiency. The appearance of the eighth edition coincides with the death of its author and marks the end of a long and vigorous life devoted to the cause of the less well endowed members of the community.

Mental deficiency was for long a blank space on the map of medical science. It is sufficient to glance for example at Dr. Ireland's (1898) earlier work on the same subject to realise what tremendous progress has been made in the field during Tredgold's professional lifetime, progress to which his text-book has made a handsome contribution. In Ireland's time the subject was still emerging from the anecdotal and even mythological stage. It is largely due to the efforts of Dr. Tredgold that the topographical outlines of mental deficiency have been filled in. I say topographical advisedly for, despite much revision and the addition of new and valuable material, the book still bears the imprint of having been written at the turn of the century, at a time when the study of mental defect was in that essential early stage of all sciences, the stage of collection of material.

Professor Penrose has given us a valuable contribution to the biology of the subject but Tredgold's remains the only standard comprehensive text-book of mental defect in English, if not in any language. It is extremely well illustrated and full of first hand clinical material.

There is much in the book that is no longer acceptable without question. The sketches of brain cells in amentia, if based on sound observation, should have been replaced by microphotographs. The terms "degeneracy" and "stigmata" in relation to abiotrophies, in the peculiar sense in which they were formerly used, are out of place in a modern text-book. The last edition of this book shows, however, that he has advanced much further than most members of his generation in an understanding of the social and biological causes of limited intelligence. It is refreshing to read "There is indeed a complete lack of reliable evidence that mental defect in general is transmitted in accordance with Mendelian principles".

It is to be hoped that Dr. Tredgold will be succeeded in this field by someone who will write a book which concerns itself less with the collection of oddities and which has a more comprehensively scientific approach in line with developments in related sciences. Meantime, Dr. Tredgold's classic work is essential reading for all who are interested in the problem of limited ability.

B.H.K.

Mental Health and the Psychoneuroses. By J. A. Hadfield. George Allen and Unwin. 10/- net.

This is an abridged edition of the author's well-known Psychology and Mental Health, and deserves a warm welcome; it brings the latter's teaching into reach of the lay reader, in a simple, well set-out and easily readable way. There is certainly now a need for such presentation, and Dr. Hadfield is to be congratulated not only for his usual clarity, and style, but also on that most difficult art—deciding what to leave out. In this as well, he is an example to many of his colleagues.

The book sets out Dr. Hadfield's views on the aetiology of the psychoneuroses as various reactions to the deprivation of protective love, and describes the symptomatology of various types, and in so doing leads to a clearer understanding of the treatment required. But the classification of these syndromes, in particular of the various psychosomatic disorders, is (perhaps from condensation) the only part of the book which may well give rise to some slight confusion in the layman's mind. The only other criticism is that the author makes the subject seem so easy that readers will be tempted to attempt too much; but these are mere quibbles on an excellent work, which should be very widely read; certainly by all readers of this journal. **R.F.T.**

Speaking of Man. By Abraham Myerson. Secker and Warburg, London. 15/-.

Diary of a Psychiatrist. By James T. Fisher, M.D. and Lowell S. Hawley. Medical Publications Ltd., London. 16/-.

Both these books emanate from the United States and both seek to describe the outlook and life of a practising psychiatrist. But in every other respect they differ considerably from each other. Whilst the reader may disagree with many of Dr. Myerson's views and dislike intensely his dogmatic and rather superficial methods of describing these attitudes, he cannot fail to be impressed by the sincerity of what is obviously a serious attempt to seek a psychiatrist's philosophy of life. This book was written at various stages of Dr. Myerson's career, but it was finished very much in the period of his final and unhappily fatal illness. It ranges over a wide field of human behaviour and in it the author considers how far his scientific and psychological training can, or should, be allowed to influence his attitude on the total and deeper issues of life and death. It is a book which will stimulate a good deal of thought in the reader, even if many of those thoughts are in direct opposition to the views of the late Dr. Myerson himself.

The other book is the result of the collaboration of a practising psychiatrist and a professional writer. The differing basic attitudes of two such professions must inevitably have clashed and this book

shows that it was the professional writer who was throughout the dominant factor. The reader will probably feel that this is yet one more attempt to cash in on the publicity value of psychiatry now that the psychiatrist has become such a popular character in current fiction, drama or film. It is an amusing book once one has got past the American idiom and the colouring from the American culture pattern. To the serious student, however, it will be an irritating book, whilst its attempt to simplify and popularise the techniques of psychiatry without wholly understanding or explaining them has obvious dangers for the lay or inexperienced reader. It is unfortunate that Dr. Fisher did not produce his book in more serious and professional form for some at least of his ideas deserve more careful and thorough handling than they receive in this work.

T.A.R.

The Forgotten Language. By Erich Fromm. Victor Gollancz. 16/-.

Dr. Fromm defines this monograph as an introduction to the understanding of dreams, fairy tales and myths. It is intended for the student of psychiatry and psychology, and for the interested layman.

After a plea for attention to the importance of these phenomena, in compensation for the extroverted bias of the modern mind, the author presents a definition and classification of symbols which is lucid, but essentially semiotic. He goes on to define dreaming as "a meaningful and significant expression of any kind of mental activity under the condition of sleep", and to define the unconscious as "the mental experience in a state of existence in which we have shut off communications with the outer world, are no longer preoccupied with action but with our self-experience." Although these definitions would seem inadequate to many psychotherapists, it is clear from Dr. Fromm's further elaboration of his concept of the nature and quality of dream activity, and particularly from the examples he gives of his evaluation and utilisation of dreams in therapy, that his views are less unorthodox than would at first appear.

Freud's theory, as set out in the early work, "The Interpretation of Dreams", is criticised as rigid, and as being too preoccupied with the irrational, infantile nature of the dream content and the distorting function of the dream-work. Jung's attitude to dreams is described, surprisingly, as one-sided and dogmatic. More surprisingly in that the criticism is based upon two examples of dreams and their interpretation from "Psychology and Religion", a lecture of limited and specific aim, in a note to which Jung himself states "As dreams have many aspects, they can be studied from different angles."

When describing, with examples, his utilisation of dream material with patients, the author again demonstrates that he has

much in common with many other therapists who are not entirely bound by a technique or a theory, and his case-extracts will be found particularly helpful by those who lack personal experience of the analysis of dreams.

The final chapter deals with the understanding of symbolic language in myth, fairy tale, ritual and novel, from the Oedipus trilogy of Sophocles, through Little Red Riding Hood, to Kafka's "The Trial." There is much thought-provoking material here, and many will agree in particular with the wider interpretation of the Oedipus tragedy in terms of the conflict between the patriarchal and matriarchal principles in the development of human consciousness.

This is a highly readable and stimulating book, as can be expected from the author of "The Fear of Freedom."

G.S.P.

Child Adoption in the Modern World. By Margaret Kornitzer. Pitman. 16/-

Since the Adoption Legislation of 1926 the number of adopted children has increased from 2,967 (in 1927) to over 17,000 in 1949. Little has been published however in this country on the subject (though there is a long list of American publications) and Miss Kornitzer's comprehensive study is therefore a very welcome contribution to our meagre literature.

The striking increase in the number of child adoptions is attributable partly to the growing public concern for the welfare of children deprived of a normal home, which found expression in 1948 in the Children Act, and partly to the growing phenomenon of the numbers of "child hungry homes of people of high quality but low fertility".

This book is of value not only to those proposing to adopt a child but to those concerned with the arranging of adoptions whether through voluntary Societies (of which there are 55 registered today) or through local authorities. One hopes also that it will be read by some who arrange 3rd party adoptions (a high proportion of the total) so that they may better realise the magnitude of the responsibility they undertake, whether the placement is made casually or with the intention of helping the woman who has lost her own child or is unable to have one. With regard to these 3rd party adoptions Miss Kornitzer suggests some form of control which would not necessitate any alteration in the law. But this deterrent, as she describes it—the filling up of "a complex dossier of forms in sextuplicate"—is perhaps rather superficial. Should not the child have more adequate protection against being exposed to the disruptive influence of placement in a home that has not been thoroughly investigated by a competent Social Worker?

Miss Kornitzer's advice to would-be adoptions is realistic and her approach unsentimental—she points out for instance that "Adopted Children do not stay dear little babies but become toddlers and school children and may be infinitely trying at any age"—and gives practical guidance on the somewhat complicated legal formalities that precede the Court hearing. The solution of the *Child's* problem (i.e. his need for a good home) is stressed throughout as being of paramount importance, paramount even over the claims of its mother and over those of the adopters.

On the subject of the "unadoptable" child, Miss Kornitzer gives a heartening account of the policy of an American Adoption Agency and their success in boarding out and arranging ultimate adoptions of the type of child generally considered unadoptable because of some mental illness or subnormality in the family, popularly considered to be hereditary. She also cites the salutary policy of some local authorities in this country in their efforts to find the right home for these children—stressing the need for the utmost care in the choice of adopters of "unusual quality".

Miss Kornitzer has most assiduously collected copious data and opinions of eminent child welfare experts on adoption, as well as drawing from her own considerable experience of adoption work. One hopes that her book, while fulfilling a long felt need from a practical standpoint will also stimulate research into the psychological implications of adoption. E.R.

A Test of Family Attitudes. By Lydia Jackson. Methuen & Co. Ltd. 10/6

This projection procedure, to describe which the term "test" is used principally for brevity, has been designed for use with children "to serve as an instrument of psychological investigation, diagnosis and therapy". The material consists of six pictures drawn in such a way as to suggest familiar situations between adults and children, yet to leave room for alternative interpretations. The situations have been chosen as those most likely to arouse basic emotions in the child, e.g., dependence on mother, exclusion from intimacy between parents, adaptation to a sibling, transgression and its resulting loneliness, possibility of aggression and "betrayal" by parents. The child is asked to make up a story as he sees each picture (the pictures are published with a spiral binding for ease of presentation in the test situation), and a list of standard questions is supplied for use when necessary. It will be seen from this that the test falls in line with much other published material of the projection type, making use of the psychological mechanisms of projection and identification.

The pictures are prefaced with a brief account (34 pp. octavo) of the original research which was carried out on 110 children in

three groups, normal, neurotic, and delinquent. In a short summary of her conclusions from the quantitative analysis of the data Dr. Jackson reports the finding of significant difference in emotional attitudes between the three groups, and particularly between the normal group and the remaining two. Her examination of the qualitative differences shows the stories of the three groups to differ in balance, creativity and realism. It is disappointing that reasons of space prevent the author from giving a more detailed account of this research and a more complete reporting of the full sets of stories. One would like to know what, if any, were the effects of intelligence upon creativity and fluency of response, particularly as only three of the 15 children whose stories are quoted have an I.Q. below 100, whereas the total group has 52 below and 58 above.

The procedure should prove most useful clinically but one should stress Dr. Jackson's warning that though the administration of the test is relatively simple and can be done by anyone trained in the administration of psychological tests, the interpretation of the material obtained, and particularly the use of it in treatment, require the training and experience of a skilled psychotherapist.

E.S.

The Art of Marriage. By Mary Macaulay. With Foreword by Dr. H. Gray. Delisle Publications. 7/6

Recommending books on the pleasures and pains of marriage is a most difficult business, whether it is to one's patients or friends: and bitter experience shows that what suits and helps one is anathema to another. Dr. Macauley's short and simple book is however unexceptionable and can disturb no one, save the obscurantists; it manages to give detailed advice on marriage problems in a common sense but not too prosaic style, and is lightened throughout by her obvious sincerity and good will. It can confidently be recommended to one contemplating marriage for oneself, or (an even more delicate problem) giving advice on the marriages of others

R.F.T.

Diseases of the Nervous System. By F. M. R. Walshe, M.D., D.Sc., F.R.S. Seventh Edition. E. & S. Livingstone Ltd., Edinburgh and London. 24/- net.

Dr. Walshe's book has now run to seven editions in 12 years, which is itself a tribute to its excellence. It is, of course, a standard text-book of the subject, and so well known to student and practitioner, as well as to the consultant, that it needs no review here. Dr. Walshe's prose is as clear and concise and as much a delight to read as ever.

R.F.T.

The Expectation of Mental Infirmity in a Sample of the Danish Population. By Kurt H. Fremming, M.D. St Hans Hospital, Denmark. Cassell & Co. 3/6.

This little book of 50 pages condensed from the original Danish edition, gives the results of a fine piece of personal service to the cause of mental health.

In 1939 Dr. Fremming set out to discover the facts of mental disorder as they occurred in Bornholm which, although an island, is yet an integral part of Denmark without the special problems of an insular community. Taking as his material the 5,697 persons born between 1883 and 1887, he succeeded, 50 years later, in getting the necessary information about 4,130 of them and reached the general conclusion that some 12% had, in the course of their lives, been afflicted with one or more forms of mental infirmity.

In a foreword praising this noteworthy effort, Dr. Blacker suggests that such a ratio would not be entirely accurate for a child born today. On the one hand, medical science has reduced the risk of dementia paralytica and there is less alcoholism; on the other, the longer expectation of life increases the chance of senile psychosis.

Other surveys undertaken for a similar purpose have used the genealogical random test method whereby the relatives—ancestral and collateral, dead as well as living—of a group of persons arbitrarily selected are examined, or again the census method of which the frequency of hereditary diseases is determined among the living population of a limited geographical area. As Dr. Fremming modestly says:

> "There is no perfect method. The biographical is the best available; it is also the most difficult to apply, taxing the investigator most. It is the one I have used."

The result is full of valuable facts and comments. Amongst others, his figures for crime which show a wide difference between the "once only" offender and the repeat, the latter tending to be a person of low unadaptable mentality.

Of the three pages given to lists of books for reference some are published in Scandinavia, a few in England and the United States, but the bulk in Germany. And this brings up the question, do we all share a common standard of mental stability? We can isolate the germ of syphilis, we can recognise plague or smallpox, but have we as yet a common yardstick by which to agree on psychological diagnosis, far less prognosis? English measures are probably pretty close to those obtaining in Denmark but how far do they hold good even for other peoples in Europe?

We need more investigators like Dr. Fremming and much more research into the study of problems which have only been recognised as urgent within the last 50 years. Meanwhile this book is well worthy of the Eugenics Society on whose behalf it is published. E.M.F.O.

The Earliest Stages of Delinquency. By H. Edelston, M.B., D.P.M. E. & S. Livingstone Ltd. 10/6.

Dr. Edelston's book is concerned with the contribution of Child Guidance Clinics to the study and prevention of delinquency. He writes mainly for the non-medical and non-psychological reader who will come into contact with Child Guidance Clinics through the Juvenile Courts. The book makes an excellent introduction for such workers: Probation Officers, Magistrates and their Clerks, Social workers and Welfare workers who may not have had experience of a Child Guidance Clinic in their training courses.

For the prophylactically minded this orientation is a limitation in the book. Dr. Edelston has conscientiously thought of delinquency from the administrator's point of view: The child is a delinquent when he has broken the law. Legally this cannot be until the age of eight years and logically enough Dr. Edelston does not give a case-history of a child younger than seven years old although he reports mothers as saying that their child has been a trouble since he was born.

Dr. Edelston acknowledges the importance of influences in the first five years but he discusses them, in the main, critically. For example he prefers to stress the constitutional element in the aetiology of "The affectionless character" (p. 134) and he makes no reference to the Symposium "Searchlights on Delinquency" (published 1949) which like Bowlby's book advances evidence that delinquent character formation is influenced by environment and handling in the years before seven.

There is much that we do not know about the psychology of the first years but we do know some facts of practical importance such as that disturbances in the Mother-child relationship are harmful and that putting it at its crudest, physical separation of mother and child is especially to be avoided between eight months old and three years. It is also recognised that infants may have observable periods of depression and anxiety which can clearly be related to the handling and experiences which they encounter. These transitory moods can become established and they then form a part of the later character as intuitive parents have always known.

Psychologists presenting material before a lay audience find it hard to introduce new ideas without provoking resistance. In general the rule is to proceed from what is already acceptable to less familiar material. In approaching lawyers and administrators we can hope that they have children of their own and that they like other parents have noticed the inevitable temporary phases of maladjustment, and worried that they might become fixed. Proba-

tion officers, Almoners and social workers often have religious interests which stress the importance of the family and stable marriage. We may expect that they will feel sympathetic towards these early emotional upsets without much persuasion.

Perhaps what is needed now is a companion volume to the present work. It could be a sequel and entitled : "Earlier than 'The Earliest Stages of Delinquency.'" It would be about the empirical procedures available in work with the infant or child who seems likely to become a delinquent when he arrives at the age of eight years and it is legally open to him to do so.

These professional reflections of a Child Guidance worker must not be taken to detract in any way from the positive qualities of the book. Just because it does not get lost in private psychological ruminations, it has clarity and a commonsense quality. It has already proved its value as an introductory book for those meeting Child Guidance for the first time particularly those with an uneasy mistrust of the subject.

M.J.

Cure of Minds. By Montagu Slater. Williams & Norgate. 12/6.

This is a very readable book and gives a very reassuring account of life and work in a modern mental hospital. In such a hospital the author spent a period as an observer. The book is of interest to those in the psychiatric professions because it shows the impact of the mental hospital on the lay person who is neither patient nor staff. It is not a profound book but psychiatrists, psychiatric social workers, and others concerned, will find it worth reading because of the writer's reactions and because the comments of an outsider are often significant.

The writer gives a good journalistic account of his experiences and has made the book interesting throughout. One would expect the general public to find it reassuring and it will help to remove some of their feelings of fear and distrust.

On the whole there is very little destructive criticism in this book. It is written with some sympathy with the problems faced by the staff of mental hospitals, but one feels that because of the form in which it had to be written, only a superficial impression is received, though this does not mean that it is without shrewd and penetrating observations at times.

E.K.

Personal and Social Adjustment. By W. F. Vaughan. New York: The Odyssey Press, 1952. 578 pp.

Under this modest title, the author, who holds the Chair of Psychology at Boston University, has made a most praiseworthy attempt to give an objective account of the principles of personal development and adjustment and the various schools of personality handling which have arisen. There is no doubt of the need for such a book, written as it is with clarity, with discrimination and without prejudice, and though it is entirely readable by the layman, its systematic approach and stimulating comments will make it valuable also for the more experienced worker in any social service.

It is probable that Professor Vaughan did not mean it to be so lengthy but was carried on by the facility of his pen; and some pruning could be done with advantage. Future editions are to be expected, and it is to be hoped that the temptation for these to grow will be strongly resisted. Apart from this, the book is to be warmly welcomed. The set-out is very clear, the illustrations attractive, and the index adequate. **R.F.T.**

Psychology for the Nurse and the Patient. By Doris M. Odlum, M.A., M.R.C.S., L.R.C.P., D.P.M., Dip.Ed. Nursing Mirror Publications. 7/6

Young girls in preliminary training schools for nurses should find this book valuable as it gives an excellent introduction to the study of the wide subject of psychology. It will give to the nurse, before she takes up duties with the patient, a knowledge of the "How and Why of Human Behaviour"; the Development of Character and Personality: the Part played by Emotions and the Relationship of Mind and Body. This will not only give her a better understanding of the problems she will encounter, but it will also lead her to a better understanding of her own reactions to the problems.

Dr. Odlum lays down, very clearly, the high standard which is expected of the nurse and the personal qualities she should possess. It is fortunate for patients that many nurses attain this standard, but at this stage of human imperfections it is not surprising that some nurses find it difficult, at times, to put into practice ideals which they themselves hold very dearly. To this latter group there is not given the "know how" one would expect in a book of this description. For example, a nurse is instructed on the proper method of lifting, which avoids discomfort to the patient, and also lessens the risk of strain or sprain to herself, but Dr. Odlum does not advise the nurse how to avoid a feeling of irritation with the overdemanding or fussy patient. The "know how" in such cases would be invaluable to the nurse who is often called upon to perform her duties under exceptional conditions.

Nurses more advanced in their careers will find that the book

brings into focus the importance of the nurse-patient relationship and also the reminder that it is as important to relieve the patient's mental stresses and strains as to care for their phsyical ills. The human approach is not, as Dr. Odlum suggests, a new aspect of nursing, but it is well to be reminded of its importance from time to time; this she has done and her point of view is interesting and stimulating. G.M., S.R.N., S.C.M.

My Son's Story. By John P. Frank, Teacher of Law at Yale University. Introduction by Noel H. M. Burke, M.R.C.S., L.R.C.P. Sidgwick & Jackson. 10/6

In the chapter of this book contributed by the mother of John Peter, she writes: "If our experience can help anyone else then I suppose it is worth opening our personal lives like this".

Every reviewer of the book and every parent of a mentally handicapped child by whom it is read must hope that the authors will be assured of its value and that they will know how their own experience, told simply, courageously and without sentimentality or self-pity, will help others faced with a similar problem.

It is a story of how an American father and mother, confronted by a diagnosis of mental defect due to cortical atrophy in their first child (who for the first few months of his life seemed to be a normal and beautiful baby), learned to accept the situation—of their alternating hopes and fears, of the circumstances which led to the agonising decision that they must part with him and of how the parting was brought about shortly before the advent of a small daughter.

In a way it may be said that the story ends happily. John Peter settled down in a small Home run by devoted Roman Catholic Sisters who gave him loving care: his parents keep in close contact with him and on the last page of the book record their delight in his improvement which at the age of 4½ and despite a gloomy long-term prognosis, he was showing. But the difficulty of accepting this permanent separation without being over-burdened by feelings of guilt and by anxious heart-searchings, is not disguised and only by making conscious and determined efforts to achieve the adjustments needed could the family life be re-orientated.

Perhaps in the United States the policy of "institutionalising" M.D. children as early as possible is too indiscriminatingly advocated and those who read this book may be led to think it is the only solution for the problem in all circumstances. But the book will dispel any idea that it is a quick and easy solution in the case of parents with a highly developed sense of responsibility, and every doctor and mental health worker called upon to advise such parents must gain from reading the chapter on "Separation" a deeper insight and understanding. A.L.H.

"Ces Enfants Qui Ont Failli." Reflexions sur le problème de la delinquance et de l'inadaptation des Enfants et des Adolescents. By Maurice Dubois, Juge des Enfants a Nivelles. Office de Publicité, S.A. Editeurs, Rue Marcq, 16 Bruxelles. 1952.

Monsieur Dubois is President of the Union of Children's Judges in Belgium. Starting from the text of the Law of 1912 dealing with children brought before the courts, he outlines the earlier developments of a special law for juveniles and then discusses the application, in the children's court, of the law as it is now. Its provisions for the tretment of delinquent and maladjusted children are very similar to those in England: probation (liberté surveillée), placement in a family or in an approved hostel (foyer de semi-liberté), committal to a voluntary institution or to an establishment run by the State. These provisions are applied by a professional Juge des Enfants sitting alone: in the third part of his book where Monsieur Dubois considers the various roles to be played by the Judge and his helpers this idea of the single judge is stressed, and the point is well made that it is much easier for the child, when he appears in court, to confide in an individual than in a group of people. The judge is concerned not merely with the guilt or innocence of the child; if the case against the latter is established, he must determine, in collaboration with probation officers and Child Guidance Clinics, the best course of action to take to ensure the child's future welfare. He writes sympathetically of the child and makes the system of professional judges seem highly desirable.

The second part of the study is composed of Reflexions on Delinquency and Mal-adjustment in Children and Young People. There is a good summary of contemporary opinions on these subjects and the importance of the early emotional life is emphasized. The conclusion is reached that more often than not the whole family demands treatment: the child is not an isolated phenomenon. The problem is basically one of "parental insolvency": a lack of material, social and emotional resources to meet the demands of modern life. At this point the description of the cause of delinquency ceases and we are left to wonder why so many family units are defective.

One is conscious, reading this study, of the unity of our Western European approach to the problems of juvenile delinquency. We all realize mal-adjusted and unhappy children will grow up and become, very probably, the parents of a new generation as disturbed as the old; and we are anxious to save them from this fate. But we never succeed in overcoming the problem of bankrupt adults who ruin their children's lives. Perhaps the misery of the mal-adjusted is the price we must pay for our present social order. Monsieur Dubois is not the only writer on this subject who takes for granted the status quo. S.F.H.

CORRESPONDENCE

Children without Genealogy—A Problem of Adoption

Dear Sir,—May I draw attention to the observation that lack of knowledge of their real parents and ancestors can be a cause of maladjustment in children. There are, of course, obvious reasons why on adoption of a baby often only very few particulars are disclosed to the adoptive parents and sometimes no particulars can be given about the adopted child's family and origin. There also is the question of whether or not it matters if a child has no knowledge of these particulars. Special attention is not generally paid to one's genealogy. It is usually accepted as a matter of fact. One is usually not more aware of it than one is of one's shadow or mirror image.

Taking up, however, this analogy, it is noteworthy that the shadow and mirror image of a person have a considerable neuro-psychiatric significance. They are extensions of the "body-image". That is of "the picture of our own body which we form in our mind". (Paul Schilder). The body-image is not restricted to experiences of the individual's own body but also extends beyond its confines; a hat, a piece of clothing, the voice or breath become part of it. This also applies to the shadow and the reflection in a mirror. It is the reason why the shadow was regarded by primitive people as an actual part of the body and why mirrors were used in witchcraft. The German romanticists Adalbert van Chamisso and his friend E. T. A. Hoffmann wrote strange stories of the imaginary loss of one's shadow and reflection in a mirror. Their heroes Peter Schlemihl and Emanuel Spikher made a pact with the devil and sold him their shadow and mirror picture. The loss of these attributes, although they were not material parts of the individuals themselves, had disastrous results. As our modern knowledge of the extended body-image shows, these fictions, fantastic as they sound, were not pure inventions of romantic minds.

A further aspect of the extension of the body-image is the intimate relationship which one possesses between one's own body-image and the body-images of others. As a matter of fact persons outside ourselves are essential for the development of our complete body-image. The most important persons in this respect are our real parents and the other members of our family. Knowledge of and definite relationship to his genealogy is therefore necessary for a child to build up his complete body-image and world-picture. It is an inalienable and entailed right of every person. There is an urge, a call in everybody to follow and fulfil the tradition of his family, race, nation, and the religious community into which he was born. The loss of this tradition is a deprivation which may result in the stunting of emotional development.

In the light of these considerations it is understandable that

there are cases of maladjustment in children which show that the deprivation of a child's knowledge of his genealogy can have harmful consequences. They can express themselves in a vague feeling within the child that some injustice was done to him. It may lead to an irrational rebellion against his adoptive parents, the world as a whole and eventually to delinquency. This problem deserves special studies and attention.

Yours etc.,

E. WELLISCH.

Child Guidance Clinic,
Bexleyheath, Kent.

Recent Publications

*Society and the Homosexual. By Gordon Westwood, with Introduction by Dr. Edward Glover. Victor Gollancz. 1952. 9/6

*Human Nature and its Development, Variations and Assessment. By John C. Raven. H. K. Lewis & Co. 12/6

Psychiatry in General Practice. By C. A. H. Watts, M.D. and B. M. Watts, M.B. J. & A. Churchill. 12/6

*Out of Step: A Study of Young Delinquent Soldiers in War-time; their Offences, Background and Treatment under an Army Experiment. By Jos. Trenaman. Methuen. 21/-

*An Orally Presented Group Test of Intelligence for Juniors. By J. Cornwall, M.A., Senior Lecturer in Education, Saltley Training College, Birmingham. Methuen. 3/6

*Good Company. The Story of the Children's Entertainment Film Movement in Great Britain. By Mary Field. Longman's Green & Co. 12/6

*Primer in Alcoholism. By Marty Mann. Foreword by Dr. T. Ferguson Rodger, Prof. of Psychological Medicine, University of Glasgow. Victor Gollancz. 8/6

Commentary on Age. By Kenneth Walker, F.R.C.S. Jonathan Cape. 12/6

*Help Yourself Get Well. A Guide for TB Patients and their Families. By Marjorie McDonald Pyle, M.D. Heinemann. 12/6

*If a Man be Mad. By Harold Maine. Victor Gollancz. 15/-

*Mental Health and the Psycho-Neuroses. By J. A. Hadfield. (Abridged Edition of "Psychology and Mental Health"). Geo. Allen & Unwin. 10/-

*Adolescence to Maturity. A Practical Guide to Personal Development, Fulfilment and Maturity. By Victor Chamberlain, M.A. Introduction by Cyril Bibby. 7/6

The Adolescent and His World. By Irene M. Josselyn, M.D., Family Service Association of America, 192 Lexington Avenue, New York, 16. $1.75.

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